



STATE OF DELAWARE
**DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL**

89 KINGS HIGHWAY
DOVER, DELAWARE 19901

Office of the
Secretary

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POLICY REGARDING HUNTERS WITH DISABILITIES¹

The Department of Natural Resources and Environmental Control (DNREC) will be implementing a new policy designed to strengthen its program for hunters with disabilities. Beginning with the 2011-2012 hunting season, hunters using special facilities and accommodations intended for the disabled, will be required to provide documentation of a permanent disability. This policy will ensure that hunters with permanent disabilities are given preference for use of facilities and opportunities intended for them. Hunters will be issued a FREE laminated "Hunter With Disabilities" card that they can present at DNREC facilities.

Hunters may provide the Department documentation in one of the following ways:

1. A statement signed by a licensed physician attesting that the applicant has a permanent disability that substantially limits one or more major life activities. The Department will provide a form that the hunter may give to the physician:

OR

2. A document issued by a Federal Agency, such as the Veteran's Administration, which attests that the applicant has been medically determined to be eligible to receive Federal Benefits as a result of blindness or permanent disability. Other acceptable Federal agency documents include proof of receipt of Social Security Disability Income (SSDI) or Supplemental Security Income (SSI) or the Federal Interagency Access Pass:

OR

3. A document issued by a State agency such as the vocational rehabilitation agency, which attests that the applicant has been medically determined to be eligible to receive vocational rehabilitation agency benefits or services as a result of medically determined blindness or permanent disability. **Providing a State motor vehicle department disability sticker, license plate or hang tag is not acceptable documentation.**

Hunters may request the physician's certification form (item 1) from and submit all documentation to: Delaware Division of Fish and Wildlife, 89 Kings Highway, Dover, DE 19901 - Attention Craig Rhoads. For information call Craig Rhoads at (302) 739-9912 or email Craig.Rhoads@state.de.us.

¹ The Americans With Disabilities Act states that a "disability means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual."

Delaware's Good Nature depends on you!

**APPLICATION FOR A CERTIFIED HUNTER
WITH DISABILITIES CARD**

The Department of Natural Resources and Environmental Control operates many State Wildlife Areas and State Parks with facilities for hunters with disabilities. To accommodate hunters with disabilities fairly, the Department would like to identify those who are permanently disabled to insure that they are given preference for use of facilities and accommodations intended for them. This form will be used by a licensed physician to document permanent disability. Upon receiving this documentation, the Department will issue a Certified Hunter With Disabilities Card. That card will be used by the hunter at State Wildlife Areas and State Parks to gain access to special facilities and accommodations.

APPLICANT: PLEASE COMPLETE THIS SECTION BEFORE PHYSICIAN CERTIFICATION

Applicant's Name (**PRINT**): _____

Applicant's Signature: _____

Street Address: _____

City, State, Zip Code: _____

By signing above, the applicant authorizes his/her physician to provide required information to the Dept. of Natural Resources and Environmental Control.

PHYSICIAN: PLEASE COMPLETE THIS SECTION ON BEHALF OF THE PATIENT NAMED ABOVE

This is to certify that the patient named above has a permanent disability with no prognosis for improvement as related to one or more of the items listed here (please **check** all that apply).

___ Cannot walk 200 feet without stopping to rest.

___ Cannot walk safely without the use of or assistance from a brace, cane, crutch, another person, prosthetic device, wheelchair or other assistive device.

___ Is unable to walk; permanently confined to a wheel chair for mobility.

___ Is restricted by lung disease to such an extent that the applicant's forced (respiratory) expiratory volume, one second, when measured by spirometry, is less than one liter or the arterial oxygen tension is less than sixty mm/hg. at room air or rest.

___ Uses portable oxygen

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___ Has a cardiac condition to the extent that the applicant's functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association.

___ Is severely limited in his or her ability to walk or climb due to an arthritic, neurological or orthopedic condition.

___ Is a single or double amputee

If the patient is not permanently disabled, please do not sign this document.

I do hereby swear and confirm that the above information is true and correct.

Physician's Signature

Date

Print Physician's Name, Address, Telephone and License Number Below

Physician's Name: _____

Physician's Address: _____

Street/P.O. Box

City

State

Zip

Telephone: _____

Physician's License No. _____

Return this completed form to:

Delaware Division of Fish and Wildlife

89 Kings Highway

Dover, DE 19901

Attention: Craig Rhoads

This Section For Division of Fish and Wildlife Use Only:

Date Processed _____

Certification Number _____

Processed by _____

Comments _____